

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Hon. Carroll W.		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Schubert			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7600 Broadway #F-4 San Antonio, TX 78209			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Allison L.			
	NICKNAME LAST SUFFIX Greer			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1723 Typhoon San Antonio, TX 78248			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 493-3430			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 01 12 / 31 / 01			
10 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council District 9		12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1925.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 420.28

4. TOTAL POLITICAL EXPENDITURES

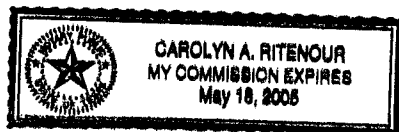
\$ 3048.24

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carolyn A. Ritenour
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CAROLYN W. SCHUBERT, this the 14th day of January, 2002, to certify which, witness my hand and seal of office.

Carolyn A. Ritenour
Signature of officer administering oath

CAROLYN A. RITENOUR
Printed name of officer administering oath

NOTARY
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

The instruction guide explains how to complete this form.

Total pages Schedule A1:

Page 1 of 2

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date
10/29/01Full name of contributor ☐ out-of-state PAC (ID#:**James Thurmond**

Contributor address; City; State; Zip Code

105 Montclair San Antonio, TX 78209Amount of
contribution (\$)

\$100.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
11/7/01Full name of contributor ☐ out-of-state PAC (ID#:**Consulting Engineers Council of Texas**

Contributor address; City; State; Zip Code

400 W. 15th St. Suite 820 Austin, TX 78701Amount of
contribution (\$)

\$500.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
10/30/01Full name of contributor ☐ out-of-state PAC (ID#:**George Vaughn**

Contributor address; City; State; Zip Code

13803 Bluffmont San Antonio, TX 78216Amount of
contribution (\$)

\$125.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
7/31/01Full name of contributor ☐ out-of-state PAC (ID#:**Robert Price, IV**

Contributor address; City; State; Zip Code

405 S. Presa San Antonio, TX 78205Amount of
contribution (\$)

\$200.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
7/1/01Full name of contributor ☐ out-of-state PAC (ID#:**San Antonio Realtors PAC**

Contributor address; City; State; Zip Code

9110 IH 10 West San Antonio, TX 78230Amount of
contribution (\$)

\$750.00In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

The instruction guide explains how to complete this form.

Total pages Schedule A1:

Page 2 of 2

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

9/15/01

Full name of contributor

☐ out-of-state PAC (ID#: _____)Coca-Cola Enterprises Employee Non-Partisan Com
mittee for Good Govt

Contributor address; City; State; Zip Code

P.O. Box 723040 Atlanta, GA 31139

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

..

Contributor address; City; State; Zip Code

. . .

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

..

Contributor address; City; State; Zip Code

. . .

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

..

Contributor address; City; State; Zip Code

. . .

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

..

Contributor address; City; State; Zip Code

. . .

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

CARROLL W. SCHUBERT

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

N/A

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

N/A

10 Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 1 of 5

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

02-2001-15 1110-46

02-2001-15 1110-46

Date 7/3/01	Payee name C.P.S. Payee address; City; State; Zip Code P.O. Box 2678 San Antonio, TX 78289	Amount (\$) \$101.99
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 7/3/01	Payee name Southwestern Bell Payee address; City; State; Zip Code P.O. Box 4845 Houston, TX 77097	Amount (\$) \$167.51
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 7/3/01	Payee name CSC, Inc. Payee address; City; State; Zip Code 3447 Northeast Parkway San Antonio, TX 78218	Amount (\$) \$54.37
Purpose of payment (See instructions regarding type of information required.) Copier Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 7/31/01	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	Amount (\$) \$92.17
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 2 of 5

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

02/21/15 11:00:46
 RECEIVED
 OFFICE OF THE
 ATTORNEY GENERAL

Date 8/13/01	Payee name U.S. Postmaster	Amount (\$) \$55.00
Payee address; City; State; Zip Code 10250 John Saunders San Antonio, TX 78246		
Purpose of payment (See instructions regarding type of information required.) Post Office Box Renewal		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 8/30/01	Payee name Allison Greer	Amount (\$) \$59.54
Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		
Purpose of payment (See instructions regarding type of information required.) Reimbursement/Moore Funeral		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 10/22/01	Payee name Allison Greer	Amount (\$) \$67.02
Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		
Purpose of payment (See instructions regarding type of information required.) Reimbursement/Meals, Office Supplies		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 10/22/01	Payee name Cingular Wireless	Amount (\$) \$52.27
Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097		
Purpose of payment (See instructions regarding type of information required.) Monthly Service		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 3 of 5

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

11/4/01

Payee name

Election Support Services

Amount

(\$)

\$135.62

Payee address; City; State; Zip Code

4958 Military Dr. W. San Antonio, TX 78242

Purpose of payment (See instructions regarding type of information required.)

Voter Lists

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/13/01

Payee name

Allison Greer

Amount

(\$)

\$84.99

Payee address; City; State; Zip Code

1723 Typhoon San Antonio, TX 78248

Purpose of payment (See instructions regarding type of information required.)

Reimbursement/Postage,Supplies,Meals

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/8/01

Payee name

Republican Party of Bexar County

Amount

(\$)

\$60.00

Payee address; City; State; Zip Code

900 NE Loop 410 San Antonio, TX 78209

Purpose of payment (See instructions regarding type of information required.)

Tickets for Hall of Fame Dinner

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/10/01

Payee name

Foley's

Amount

(\$)

\$223.07

Payee address; City; State; Zip Code

200 North Star Mall San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Christmas Cards

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 4 of 5

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

12/16/01

Payee name

U.S. Postmaster

Amount (\$)

\$102.00

Payee address; City; State; Zip Code

10250 John Saunders San Antonio, TX 78246

Purpose of payment (See instructions regarding type of information required.)

Postage

**Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/18/01

Payee name

Allison Greer

Amount (\$)

\$75.50

Payee address; City; State; Zip Code

1723 Typhoon San Antonio, TX 78248

Purpose of payment (See instructions regarding type of information required.)

Reimbursement/Labels & Engraving

**Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/19/01

Payee name

Los Barrios

Amount (\$)

\$562.50

Payee address; City; State; Zip Code

4223 Blanco Road San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

District 9 N A Reception

**Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/30/01

Payee name

Cingular Wireless

Amount (\$)

\$123.93

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service

**Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

Total pages Schedule F:

Page 5 of 5

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

12/30/01

Payee name

Carroll Schubert

Amount
(\$)

\$514.43

Payee address; City; State; Zip Code

7600 Broadway #F-4 San Antonio, TX 78209

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for staff party

****Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name

Office sought

Office held

Date

12/31/01

Payee name

Cingular Wireless

Amount
(\$)

\$96.05

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service

****Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

****Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

****Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**6** Payee address; City; State; Zip Code

N/A

7 Purpose of expenditure (See instructions regarding type of information required.)**8**Amount
(\$)☐Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7

Amount
(\$)

6 Business address; City; State; Zip Code

N/A

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filer)**4** Date**5** Payee name**6** Payee address; City; State; Zip Code

N/A

7 Purpose of expenditure (See instructions regarding type of information required.)**8**Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

CARROLL W. SCHUBERT

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8

Amount
(\$)

6 Payor address: City: State: Zip Code

N/A

7 Reason for credit

Date

Payor name

Amount
(\$)

Payor address: City: State: Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address: City: State: Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address: City: State: Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address: City: State: Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED